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ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); offers a user's guide to the series; and provides specific information for presenting Module 7, which focuses on ways of preventing and dealing with problem behavior. After the introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of bonding and attachment, infant crying, age-appropriate behavior in infants and toddlers, structuring the environment, and behavior management techniques. For each hour of training, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. Also attached is an overview of normal child development from birth to 36 months in the areas of personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. (DB)

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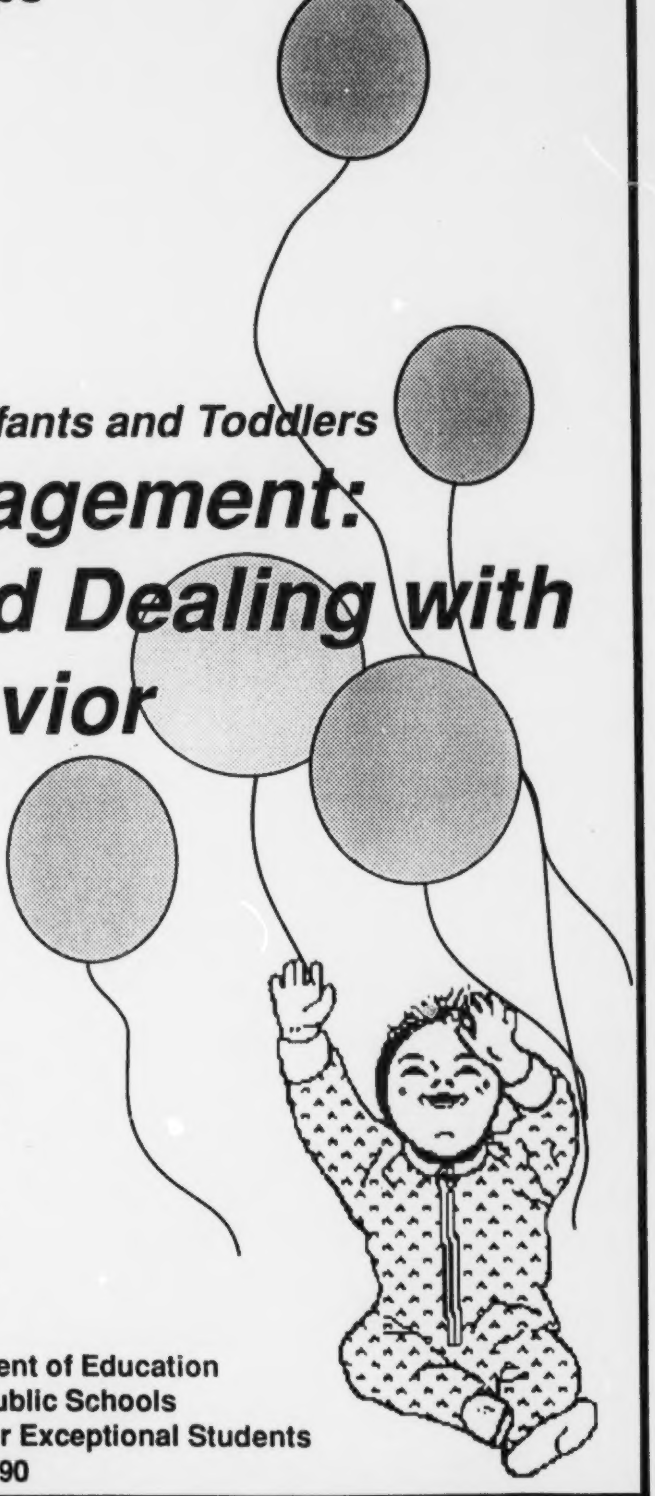
ED 403 680

MITCH Module 7

## Model of Interdisciplinary Training for Children with Handicaps

### *A Series for Caregivers of Infants and Toddlers*

# *Behavior Management: Preventing and Dealing with Problem Behavior*



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**1990**

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MITCH Module 7

# Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Behavior Management: Preventing and Dealing with Problem Behavior*

**Florida Department of Education**
**Division of Public Schools**
**Bureau of Education for Exceptional Students**
**1990**

This training series was developed through the MITCH (Model of Interdisciplinary Training for Children with Handicaps) Project, FDLRS/South Associate Center, Dade and Monroe County Public Schools, and funded by the State of Florida, Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students, under State general revenue appropriation for the Florida Diagnostic and Learning Resources System.

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MITCH Module 7

## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Behavior Management: Preventing and Dealing with Problem Behavior*

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# Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The User's Guide to Series begins on page 5. Information relating to this module begins on page 11.

## PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers, and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated $100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroe, and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition, and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays, or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

## MITCH MODULES

Eleven MITCH training modules have been developed.

(1) *Intellectual Development: What You Can Do to Help*

(2) *Speech and Language Development: What You Can Do to Help*

(3) *The Child Who Seems Different: Meeting Special Needs*

(4) *Family Functioning: The Impact of a Child with Special Needs*

(5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*

(6) *The Caregiving Environment: Planning an Effective Program*

(7) *Behavior Management: Preventing and Dealing with Problem Behavior*

(8) *Health Care: Infection Control, Medication Administration, and Seizure Management*

(9) *Motor Development: What You Need to Know*

(10) *Nutrition and Feeding Practices: What You Need to Know*

(11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

## MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

# User's Guide to Series

## INSTRUCTOR

### Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing, and Home Economics

### Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

## Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list).

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

## THE SESSION

### Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

### Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible original's of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

## Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 7, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session, or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

## Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

## MITCH Theme Music

Included on the reverse side of the two audiotapes, one each for Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

## Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six-Week Follow-Up Activity.

## Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

## Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

## Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

# Specific Information for Presenting Module 7

## GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of attachment and reciprocal interaction.

Objective - Participants will gain an understanding of:

- bonding and attachment
- long term consequences of attachment
- infant crying.

Goal for Hour 2: Participants will gain knowledge of behavioral problems one may encounter in one and two year olds.

Objective - Participants will gain an understanding of:

- age appropriate behavior
- structuring the environment.

Goal for Hour 3: Participants will gain knowledge of techniques for managing behavior of toddlers.

Objective - Participants will gain an understanding of:

- structuring the environment
- behavior management techniques.

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## OTHER RECOMMENDED INSTRUCTORS

There are no recommendations for additional instructors for this module.

## CONTACT LIST

Persons to contact if the instructor has questions regarding this module include:

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## EQUIPMENT, MATERIALS, AND SUPPLIES

### Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector

problems. Once we understand that toddlers learn by active involvement with people and by manipulating objects, it becomes clear that activities such as coloring books, worksheets, and imitating teacher-made models are not appropriate.

For this age group, healthy emotional development comes from experiences that allow for creativity, freedom, and the building of self-esteem, yet with the recognition that the children are still very young. These toddlers will need help to understand why certain behavior must be limited and that rules are fair and judgements just. They need to feel these limits are placed on them by adults who can be counted on, who mean what they say, and who are consistent, or non-changing in their expectations. These are adults who can support them in their frustrations and disappointments and enjoy their pleasures and successes with them.

**Handout/ Overhead 7-2-4**

Instructor may want to summarize, referring to **Handout/Overhead 7-2-2 or 7-2-3.** Instructor may also refer to and discuss **Handout/Overhead 7-2-4,** *Welcome to the World.* Remember that this handout is also recommended for use with Modules 1, 2, 3, 6, and 9.

10 minutes

**ACTIVITY: Brainstorm Session**

**Activity 7-2-1a**

Instructor uses activity cards, (**Activity 7-2-1a**), one at a time, to read to group. Ask participants to brainstorm and call out responses for each. Do as many different cards as you have time for.

**Problem 1 - Sulking and Whining**

Mary, age 22 months, constantly whines about other children taking her toys away from her; she continually seeks adult reinforcement and support for this behavior. (1) What might have caused this problem? (2) How would you handle this situation and help Mary solve her problem?

Possible causes:

- lacks experience in playing with others

- lack of adult attention
- insufficient number of toys/materials
- adult reinforcement of such behavior in past
- lacks feelings of being able to stand up for herself.

Possible solutions:

- Be patient and do nothing. The problem will subside.
- Provide more of the most popular toys.
- Distract Mary from the crying by changing the activity.
- Model options Mary has.
- Discourage Mary from developing an attitude of self-pity.
- Encourage independence.
- Reinforce her behavior when she tries to solve problems with peers by herself.

**Problem 2 - Anger (temper tantrums, bullying)**

Timmy, age 23 months, wants to do whatever he wants. He doesn't want to follow directions when involved in an activity, and gets angry when told what to do. Johnny has taken Timmy's favorite toy. Timmy's response is to hit Johnny and scream "NO!" (1) What might have caused this problem? (2) How would you solve this situation and help both children to play cooperatively?

Possible causes:

- anger at having toy taken from him
- lack of knowledge of alternative methods of dealing with problem
- age-appropriate response
- insecurity in having needs met
- poor models for solving problems.

Possible solutions:

- Encourage each child to express his emotions verbally.
- Try to accept and understand the situation, and listen to both children.

- projection screen or alternative
- audiocassette recorder.

## Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2 prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

## Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

## Videotape

The videotape, Relating to Others, was selected to complement this module. Use of this videotape is optional for this module. The videotape is approximately 25 minutes in length and presents positive ways that adults can help children develop age-appropriate skills such as sharing and empathy.

It was written by Dr. Thelma Harms and Dr. Debby Cryer of the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill. This film was one of a series of 10 video films from the North Carolina Center for Public Television and it was designed for parents and childcare providers.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased ~~from DC/TATS MEDIA, Frank Porter Graham Child Development Center, University of North~~ only through Delmar Publishers, Inc., 3 Computer Drive West, Box 15015, Albany, NY 12212-5015, telephone 1(800) 347-7707

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~~Carolina at Chapel Hill, CB 8040, 300 NCNB Plaza, Chapel Hill, NC 27599-8040, phone (919) 962-7358.~~

## Materials Not Contained in This Manual

In order to present this specific three-hour module, the following materials, which are not included in the manual, need to be obtained by the instructor:

- Audiotape containing a two to three minute segment of a baby crying, and one to two minute segments of lullaby music, marching or children's theme music, and heavy metal rock music (Hour 1).
- Several cards, numbered 1 through 5, for use with Activity, 7-2-1a, see following pages (Hour 2).
- One copy of each Activity 7-2-1a, see following pages (Hour 2).

Note: **An audiotape to accompany this module is available through the local FDLRS Associate Centers and the Florida Clearinghouse, see address above in videotape section.**

# Problem 1: Sulking and Whining

Mary, age 22 months, constantly whines about other children taking her toys away from her. She continually seeks adult reinforcement and support for this behavior.

(1) What might have caused this problem?

(2) How would you handle this situation and help Mary solve her problem?

| Module | Hour | Activity |
|---|---|---|
| 7 | 2 | 1a |

# Problem 2: Anger

Timmy, age 23 months, wants to do whatever he wants. He doesn't want to follow directions when involved in an activity, and gets angry when told what to do. Johnny has taken Timmy's favorite toy. Timmy's response is to hit Johnny and scream "NO!".

(1) What might have caused this problem?

(2) How would you solve this situation and help both children play cooperatively?

| Module | Hour | Activity |
|---|---|---|
| 7 | 2 | 1a (cont'd.) |

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# Problem 3: Not Sharing

Cindy, age 14 months, will not share any toys with the other children during free play.

(1) What might have caused this problem?

(2) What would you do to help Cindy and resolve this problem?

| Module | Hour | Activity |
|---|---|---|
| 7 | 2 | 1a<br>(cont'd.) |

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# Problem 4: Shy

Jonathan, age 20 months, is very shy and quiet. He does not participate or play with other children. He avoids eye contact.

(1) What might have caused this problem?

(2) How would you handle this situation?

| Module | Hour | Activity |
|---|---|---|
| 7 | 2 | 1a<br>(cont'd.) |

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# Problem 5: Feeding

Sandy, age 18 months, does not want to eat lunch in the caregiving setting, but wants milk.

(1) What might have caused Sandy's behavior?

(2) What would you do to encourage Sandy to eat?

| Module | Hour | Activity |
|---|---|---|
| 7 | 2 | 1a<br>(cont'd.) |

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## Module 7
## BEHAVIOR MANAGEMENT:
## Preventing and Dealing with Problem Behavior

# Hour 1

**Goal:** **PARTICIPANTS WILL GAIN KNOWLEDGE OF ATTACHMENT AND RECIPROCAL INTERACTION.**

**Objectives** - ***Participants will gain an understanding of:***

- bonding and attachment
- long term consequences of attachment
- infant crying.

## SESSION BEGINS

10 minutes **ACTIVITY: Audiotape Warm-Up**

Instructor, without greeting participants, begins audiotape of crying baby. After 30 seconds, instructor lowers volume of tape and leads discussion asking the following questions.

*Ask:* What are you hearing?

What are you feeling?

What do you think the infant is feeling or trying to say?

What does it make you want to do?

On flipchart or chalkboard, instructor should write down the participants' responses. Keep answers available for further discussion later in the session.

*Say:* Yes, we are all uncomfortable hearing this. We want to do all that we can to avoid hearing this from our babies. This is what we are going to be talking about today. In our first hour, we are going to target different ways of managing the crying behavior in infants since it is so common. It is also an important behavior that should be observed closely. We will discuss attachment, that special relationship between the caregiver and the infant, and how important it is. We will also talk about how to comfort an infant who is in distress.

During the second and third hours, we will focus on toddlers. We will talk about what we can expect from them in terms of behavior, what kinds of problems we can expect, and how to handle them.

*Ask:* Are there any questions?

5 minutes **GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS**

15 minutes **LECTURE/DISCUSSION: Attachment**

*Say:* Let's begin with our discussion on the importance of attachment between the infant and the caregiver.

**Attachment To The Caregiver**

*Say:* Attachment is the relationship between caregiver and infant which occurs during the first year of development. The first person to whom the infant becomes attached is usually the mother. This attachment is longlasting. It transforms or changes in nature as the child grows. Sometimes, with very young infants, we call this "bonding."

Instructor may want to discuss this further using the example of baby ducks who bond to and constantly follow their mother. Ducklings hatched in an incubator will follow the first live thing they see, e.g. human, dog.

Infants are active communicators! There are two types of behaviors that increase attention from others:

- Signaling behavior is used to bring mother/caregiver closer to child by crying, cooing, and babbling.
- Approach behavior is used to bring the infant closer to mother or caregiver by smiling, clinging, non-nutritional sucking, and following.

*Ask:* We may already be aware that infants use these behaviors, but what results do they provide for the child?

*Say:* These behaviors serve to maintain closeness between the caregiver and the child. They, and appropriate responses from the caregiver, form the basis for attachment.

These behaviors are learned. The child will recognize their purpose and modify them to increase proximity, or closeness, as it continues to grow.

One must remember that the infant's goal is to feel secure. Using these behaviors brings the infant closer to the caregiver who provides that feeling of security.

**Handout/ Overhead 7-1-1**

**Developmental Stages of Attachment During infancy**

**Instructor refers to Handout/Overhead 7-1-1.**

*Say:* Please look at the handout entitled "Developmental Stages of Attachment During Infancy."

Pre-attachment occurs from birth through two to three months. The infant promotes contact by crying, babbling, and smiling. The infant can reach, grasp, and direct vision towards others but the infant cannot or doesn't discriminate between people yet. That means these tiny babies don't show different behavior to different people. The infant wants to continue in these activities because the communication and the responding of others is pleasurable. These responses reinforce the child's attempts to promote contact.

"Attachment in the making" happens between three months through approximately seven to twelve months. Infants distinguish their primary caregiver from all others. That is, they can easily pick out their mom, or whoever it is that takes care of them the most, from all other people. There is an increase in social responses towards others.

At approximately seven months, we can expect the beginning of protest in separation and a wariness of strangers upon the departure of the caregiver. This means that infants will not like to be away from their mom, or the primary caregiver. They also will be suspicious or wary of others, even people they know, when the primary caregiver leaves. This behavior comes to a peak at about one and a half years.

Babies who do not want to part from their mother may show:

- fussiness
- crying
- screaming
- stamping
- clinging to the mother.

These behaviors are normal and should be expected. It is important for the caregiver to acknowledge the child's feelings.

For example, when a child is crying after mother leaves, tell the child, "Mommy is coming back." If the child is a toddler and continues to ask "when," answer in a form that the child will understand. "Mommy is coming back after nap time" (the last activity of the day). Do not use phrases such as, "in a few hours," which have no meaning for the child who cannot yet understand the concept of time.

### Long-term Developmental Consequences of Attachment

*Say:* We must remember that the quality and not the quantity of attachment will lead to a feeling of confidence or security. This means that just spending time with a child is not enough. The caregiver must work at interacting with the baby. The adult must really care about being with, talking to, and hearing from the infant.

**Instructor may expand on this spontaneously or ask participants how they might do this.**

**Expected responses include:**

- **mimic baby's facial expressions, movements and sounds**

- talk with (speak and listen) to baby as much as possible
- keep baby in same room and not isolated in crib or playpen
- play pleasing music, sing along, and move baby's arms in time to music
- play talking/movement/singing games during bath, diapering, and driving times.

*Say:* Children's attachment to the caregiver is linked with their likelihood to explore the world around them. If the child has a feeling of security, then the child will not be afraid to follow instincts or curiosity.

This will affect how well the child develops socially, emotionally, and intellectually. Remember, children learn by reaching out to explore their environment.

Early secure attachments are also necessary for future psychological growth and adaptation. Children who develop well in the social and emotional areas are those who have been securely attached to their primary caregiver. You can see why quality attachment is important for all children, and especially for children who are at risk or who have special needs.

*Ask:* In summary, what are some necessary components for the formation of early attachments between infant and caregiver?

Allow participants to respond. Write responses on chalkboard or flipchart to include:

- social interaction and communication between caregiver and child
- active and involved infant
- recognition of child's need to feel secure
- awareness of biological needs: food, shelter, protection
- stimulation and interesting environment.

*Ask:* What kinds of things can happen to a child who has not enjoyed a good attachment or bonding?

Instructor follows above procedure. Possible consequences of deprivation may include:

- impaired communication
- personality disorders ("difficult child")
- unmet needs for child and/or parent
- delayed intellectual development.

### Separations

*Say:* When one speaks of attachment, another topic often comes to mind. That topic is separation. In caregiving situations, we often must deal with infants and children who are unhappy about separating from their parent, or primary caregiver, even for a few hours. We know that children who feel secure generally have an easier time separating than those who don't. We also know that most children go through one or more short stages of not wanting to separate. Sometimes children have difficulty separating because something that is going on at home has upset them, a new situation at the caregiving setting frightens them, or they are sick or tired. Whatever the reason, it is important for the caregiver to be supportive and reassuring to the child and to the parent.

There also needs to be consideration for parental feelings. Parents may have difficulty separating from their child. They may feel guilty or unhappy about leaving their child. Can you suggest why they might feel this way?

Instructor allows time for participants to respond. Emphasize that parents may feel:

- the child will be hurt by their leaving
- the caregiver will take the place of the parent
- the child will love the caregiver more than the parent.

*Say:* It is important to communicate with parents and discuss any of these problems or feelings that the parents may have. It is also important to discuss any signs of excessive separation problems the child may be having. Parents have important information to contribute which will be helpful in the caregiving setting. Parents and the caregivers can solve these difficulties and prevent the infant from developing social/emotional problems, if they work together.

25 minutes **LECTURE DISCUSSION: Crying**

*Say:* Most infants don't have what we commonly call behavior problems. However, some babies do tend to cry a lot.

*Ask:* What effects does crying have on the caregiver?

**Instructor allows participants to respond.**

*Say:* Researchers have stated that "...prolonged, frequent or intense crying has been identified as a key behavior that interferes with social reciprocity." (Calhoun, Rose, & Spooner, 1987). This means that when babies cry a lot, adults who work or live with them do not want to spend time with them, or be with them.

We already know that reciprocity, or the "give and take" in a relationship, is a big part of attachment. This interaction helps in the development of this special exchange felt by both sides.

You have already mentioned how you felt upon hearing the tape of a crying infant. Let's look at what has been written about how crying affects what we do.

**Instructor leads discussion to include the following.**

Some common effects crying has on caregivers may include:

- impaired speed in perception tasks - many times you have the insight to see what is going to come next from the way the child is behaving; however, when the child is continuously crying and perhaps screaming, it is more difficult to interpret the child's behavior
- impaired activity on a subsequent task - a child that is continuously crying and is not comforted will cause a strain on the caregiver which may show up in the caregiver's reduced ability to carry out tasks
- high psychological arousal - the caregiver may be working at an excited state which could be very stressful
- parent/infant adjustment problems - crying is the item most highly associated with adjustment difficulty of new parents
- possible abuse - aversive infant crying has been linked to child abuse
- missed communication - cries from "irritable" babies elicit anger and irritation from adults because the child is perceived to be crying for emotional reasons (to get attention) or crying because the child is spoiled; while cries from "easy" babies are perceived as crying due to routine physical discomfort (hunger, fatigue).

*Say:* `We must not forget that crying is a major communication tool of babies! From the child's viewpoint, crying is a good way of getting attention from a parent or caregiver. Crying usually gets comforting responses, therefore, it is seen as essential to the infant's well-being.`

*Ask:* `What are some normal reasons why babies cry?`

Instructor leads discussion to include:

- hunger/thirst
- cold/hot
- being dressed/undressed/changed
- pain/discomfort
- overstimulation
- tired
- separation from parents/caregiver

- discomfort from new procedures
- rough handling
- seeking attention or change of activity
- chain reaction to others crying.

*Say:* Although we cannot control crying all the time, there is much that we can do. It is important to try to be very resourceful when managing this behavior.

*Ask:* What are some things we can do when we have a "difficult" child in our care who seems to be particularly irritable most of the time?

*Say:* First there are environmental considerations. We must establish an environment that minimizes or lessens the effects of aversive or excessive crying. Muffling or cutting down loud sounds or bright lights may be used for calming an infant. Furniture and accessories such as carpeting, draperies, and quilted wall hangings help soften crying sounds. Reduce environmental noise such as intercom announcements, telephones, and slamming doors which can all have startling effects. Blinds and dimmer switches can also be used to control the amount of light in the nursery.

Second, establishing order and predictable patterns in feeding, changing, therapy, positioning, and developmental activities may comfort the "difficult" child. Moving into and out of these activities can be made easier with cues.

An example would be to begin the day with a massage, dim light, and soft music to signify the beginning of a new day. Bright lights may signify positioning for changing diapers or for physical activities. Dimmed lights after lunch may signify rest time or quiet play.

Cues can also be used to regulate the rhythmicity of the daily schedule. Rhythmicity is the child's internal clock. It responds to the patterns of sleep, hunger, eating, and elimination.

The environment provides input into establishing these body rhythms. For example, when it is dark, bodies tend to slow down, sleep, and require little to no food.

Two major contributors to frequent crying are intense stimulation and chain-reactions. Watch for signs of overstimulation. It is important to remove a crying child who will not be comforted from the group. This will provide quiet comfort and prevent others from crying. Let's talk more specifically, about ways to stop crying and to comfort a baby.

**Handout/ Overhead 7-1-2**

Instructor refers to **Handout/Overhead 7-1-2** entitled "Different Ways of Comforting Crying Babies" and leads discussion.

*Say:* In order to determine if the strategies being used are helpful and accomplishing your desired objectives, you can record observations and collect information that can tell you whether your techniques to reduce crying are working. This does not have to be very technical. You can come up with different ways of gathering this information yourselves in whatever way makes you most comfortable.

### Observation and Information Gathering

*Say:* First, you need a goal.

Instructor leads discussion to give example of observation and data collection. The following material may serve as an example.

**Goal: to increase length of non-crying behavior.**

- Determine if crying appears at a regular time of the day. Keep a "cry diary," if possible, both at home and in the caregiving setting. Parental input is especially helpful and the child will benefit more if the parents are also cooperating at home.

- Make a check-list of the child's daily schedule and mark how often crying is associated with each activity. Are there certain activities that start or increase crying? Can you come up with alternative activities?
- Determine the length of non-crying during that time of day when the child is likely to cry. If possible, use a stopwatch to identify the beginning and ending of a non-crying period during that specific time.

**Handout/ Overhead 7-1-2**

- Decide on which methods to use to reduce crying (refer to **Handout/Overhead 7-1-2**) and develop a plan to implement those comfort techniques.
- Put plan into practice for three to five days.
- Repeat timing step above. If length of non-crying behavior has increased, continue with plan. If length of non-crying behavior has decreased, or remained the same, make a new plan.

*Say:* Collecting information like this will also be helpful in designing daily schedules and routines, changing the environment or activities, and in modifying your own behavior towards children.

**Tips for Helping Caregivers Cope**

*Say:* Inevitably, there will be times when trying to stop crying will be unsuccessful. In these cases, the caregiver may become upset or anxious.

*Ask:* Who has some suggestions for ways to help reduce the anxiety of the caregiver?

Instructor leads discussion to include the following:

- Trade responsibility for a particular child with another staff member.
- Take breaks.
- Use a small, quiet room as a retreat to soothe an anxious child.
- Use relaxation strategies (perhaps while the children take their naps).

## Summary

*Say:* Our first hour is ending. We have talked about the special relationship between the primary caregiver and the infant that we call attachment. We have also talked about crying and what to do about it. Remember that good early social relationships will assist in preventing social/emotional problems. Are there any questions?

5 minutes
(omit if 3-hour presentation) **END OF HOUR 1: Closing**

# Module 7
# BEHAVIOR MANAGEMENT:
## Preventing and Dealing With Problem Behavior

## Hour 2

**Goal:** **PARTICIPANTS WILL GAIN KNOWLEDGE OF BEHAVIORAL PROBLEMS ONE MAY ENCOUNTER IN ONE AND TWO YEAR OLDS.**

Objectives - ***Participants will gain an understanding of:***

- age appropriate behavior
- structuring the environment.

5 minutes
nit if 3-hour presentation)

## GREETING, SIGN-IN, AND DISTRIBUTION OF HANDOUTS

Instructor gives each participant an adhesive backed number (1, 2, 3, 4, or 5) as they go to their seats.

## SESSION BEGINS

5 minutes

## LECTURE/DISCUSSION: Introduction

*Say:* During the last hour of this three-hour module, we talked about the importance of attachment and the special interaction that must take place between an infant and a caregiver. We also talked about the effect crying has on caregivers and what we can do about that. Taking that discussion one step further, we can see that by meeting the needs of an infant, we can interrupt the growth of an undesirable pattern of behavior. That is, we can prevent certain behavior problems from developing.

Let's think about this concept of preventing problem behavior through managing behavior. There are at least three ways adults can do this. First, in order to manage the behavior of infants and toddlers, adults must play a very active role in knowing what is and what is not acceptable, or appropriate behavior. An adult cannot ask a child to behave in a manner that is too advanced for the child. For example, none of us would consider asking an 11 month old child to sit absolutely still and listen to a story for 30 minutes. We might encourage an 11 month old child to sit on our lap for a very short story, or to quietly roam in and about the 10 minute story time of a small, older group of children. We would not expect the 11 month old child to sit for 30 minutes and attend to a story because a child that young simply does not have the ability to do so.

Therefore, it is important for the adult who takes care of children to know what children of different age levels can be expected to do. For the caregiver of infants and toddlers, this can be difficult because the children change very rapidly when they are so young. Therefore, the caregiver must know stages of development, the caregiver must constantly watch and keep track of each child's progress, and also the caregiver must know what stages the child can be expected to go into next.

A second way to manage a very young child's behavior is to make certain that the child's environment, or surroundings and activities, are appropriate for that child. In other words, it is the responsibility of the caregiver to provide an environment in which the child can be successful. Caregivers of very young children have to pay more attention to this than do caregivers of older children who can manage things a bit more independently.

Finally, the caregiver must always be available to assist the child who gets into difficulty. This is true for caregivers of infants and toddlers and it is also true for those who look after older children. It is true for caregivers of all children whether the children have special needs or not. It is important in order to stop an activity that may be dangerous or harmful, either physically or psychologically. It is equally important as a way for the adult to help the child learn what is and what is not acceptable. Most often when an infant or toddler is doing something that the child is not supposed to be doing, the child is doing it because the child does not know any better.

*Ask:* There is one exception to this, does anyone know what it is?

Answer: When the child is "testing" the adult to make sure that the adult will stop the child from doing something that the adult has asked the child not to do.

Note: Instructor should expand on the implications of this, suggesting that it is important for the adult to be consistent, persistent, and to demonstrate follow-through.

*Say:* The child must grow and develop more mature ways to deal with situations or to behave. This takes time and patience.

During this second hour of this three-hour module on behavior management, we will talk about the kinds of behavior we can expect infants and toddlers to have. During the last hour, we will talk about some of the ways we can handle some typical behavior problems that happen with toddlers.

Remember that the principles of behavior management are the same for children who have special needs as they are for those without special needs. All children need the security of firm, consistent behavior management.

*Ask:* Are there any questions?

10 minutes

**ACTIVITY: Age Appropriate Development**

**Handout/ Overhead 7-2-1**

Instructor asks participants to complete the Developmental Quiz (**Handout/Overhead 7-2-1**). Allow approximately five minutes for participants to complete quiz. Instructor may read items aloud for participants to complete as items are read, if appropriate. Note the answers to the quiz appear on the following page. After everyone has completed the quiz, instructor reads correct answers and leads any discussion.

*Say:* If you got all of the items correct, you know that you have a pretty good idea of how infants and toddlers behave. That means that you can use this information when you care for them. You can also help others with whom you work by sharing your knowledge. It is important for all of us to share what we know. Most of us find ourselves in a new situation often enough to realize that we don't know everything. Even though we may be very familiar with what a five year old does, we may

## Developmental Quiz
### (Answers)

Directions: Under the heading for each age range, there is a short list of skills. Circle the skill in each list which first emerges, or appears, in the indicated age range.

**0-3 Months**
- [✓ looks at face when spoken to]
- cries at the word "no"
- smiles at self in mirror

**3-6 Months**
- starts imitating sounds
- [✓ reaches for familiar people]
- knows own name

**6-9 Months**
- waves bye-bye
- demonstrates affection
- [✓ enjoys hide-'n-seek, peek-a-boo, patty cake]

**9-12 Months**
- [✓ tugs at adults to get attention]
- plays ball with an adult
- feeds self with spoon

**12-18 Months**
- knows parents from strangers
- imitates sounds
- [✓ plays chasing and hiding games]

**18-24 Months**
- dislikes or likes certain food
- [✓ "gets into everything"]
- verbalizes toilet needs

**24-36 Months**
- takes off socks and shoes
- [✓ interacts with other children in simple games]
- enjoys touching and hugging

**Note to Trainer: Correct answers to quiz are circled above.**

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 1 |

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not remember what a two year old can do if we suddenly are faced with caring for one all day long. I know that I usually have to try to watch and to remember what children of a certain age group can do when I have not been with that age group for some time.

10 minutes **LECTURE/DISCUSSION: How Infants And Toddlers Develop**

*Say:* Interacting or playing with children is important for adults to do because infants and toddlers rely upon the give and take with adults to help them develop social skills. Warm and positive relationships with adults help a child develop a sense of trust in the world. They also help to develop feelings of competence in the child. As a result, children grow up with a healthy self-esteem.

Infants and toddlers learn by experiencing the environment through their senses (seeing, hearing, tasting, smelling, and feeling), by physically moving around, and through social interaction.

Infants will bat at, grasp, bang, or drop their toys. Imitation, hiding, and naming games are important for learning at this age. Realistic toys will help children to enjoy more and more mature or complex types of play.

Two year olds are very different from infants. They are learning to produce language rapidly. They need simple books, pictures, puzzles, music, and time and space for active play. They like jumping, running, and dancing. Toddlers are learning social skills, too. In groups, there should be several of the same toys because toddlers are not yet able to understand the concept of sharing.

For infants and toddlers, naps and quiet activities such as listening to rhymes and music provide periodic rest. It is important that the children have this rest from the intense physical

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exploration that is characteristic of this age group. Young children need daily outdoor experiences to practice large muscle skills, learn about outdoor environments, and experience freedom not always possible indoors.

*Say:* Let's review some of the things that infants and toddlers do and don't do. You may wish to use the outline Handout 7-2-2 for notes.

**Handout/ Overhead 7-2-2 or 7-2-3**

Instructor may refer to and use **Handout/Overhead 7-2-2** or **7-2-3**.

**The Early Months (Birth - 8 Months)**

Instructor is encouraged to elaborate and ask participants for behaviors that each age group does or does not typically do. Summarize material to be written on outline after discussion of each age group. **Handout/Overhead 7-2-3**, following.

*Say:* The amount of holding and touching a caregiver gives is determined by the infants' preferences for body contact. Some infants like to be touched and cuddled a lot, other babies do not. It is important for caregivers to take cues from each infant because it is through these interactions that infants develop a sense of a world that is worthy of their attention.

During the first nine months they come to distinguish friends from strangers. They make sounds and movements that communicate pleasure, surprise, anger, disappointment, anxiety, and other feelings. They develop expectations about people's behavior based on how parents and others treat them. They thrive on lots of attention and responsive eye contact and they delight in hearing language and other sounds. Babies may beam or calm themselves when they are held close by adults who enjoy warm physical contact. The development of trust and emotional security comes about because babies learn to expect positive experiences.

If babies are to trust us, we must quickly answer their cries of distress. This helps to encourage and expand their verbal and nonverbal responses. As they move their arms, legs, and other body parts, through touching and being touched, babies begin to become more aware of their bodies' boundaries. If infants don't have many opportunities to sample a variety of sensory and motor experiences, their emotional and intellectual development will be hampered.

**Handout/ Overhead 7-2-2 or 7-2-3**

Instructor leads discussion on what, in the early months, babies do and don't do, see **Handout/Overhead 7-2-2 or 7-2-3.**

**Crawlers and Walkers (8 - 18 Months)**

*Say:* Freedom to move about safely is vital for infants who are beginning to crawl or walk. While they continue to need warmth and individual attention, infants move at their own pace away from, and back to, the security of a loving adult. Children's awareness of their own emotions and their abilities grows when a responsive adult understands their feelings and perceptions. This happens even before children talk.

For example, Margie is playing on the floor and hits herself with an object. She cries. The caregiver goes to her and comforts her. Margie then is put down again and allowed to continue exploring.

When children direct their own play, they see themselves as competent people. This is a major building block in their ability to feel good about themselves. Daily routines such as bath and diapering can also be creative times to add to cognitive skills and communication. Children begin to understand such concepts as cause and effect, the use of tools, distance, spatial relationships, and perspectives. They imitate. They develop patterns of relating to others. They express themselves vocally, becoming more and more skilled and specific. Therefore, they need to be encouraged to explore and learn from a large variety of activities, objects, and people.

For example, Grace is 18 months old. She is playing on the floor -- moving around, exploring the surroundings, and playing with, or manipulating, the toys that she encounters. The caregiver leans over and asks Grace, "What have you got there?" Grace says, "Dolly mine!" Grace seems to like this attention and continues to come back for brief periods to receive this reinforcement again and again.

Encouraging children to share, is an important way to introduce the concept to them. Children also must experience many attempts to negotiate possession of an object. They need to gain confidence that a shared item will be returned to them, since they are still learning that objects exist even when they are not in sight. Only in this type of accepting atmosphere will children begin to understand the value of sharing and the give and take involved. In a good program, adults respect children's choices to share only when the children are willing to do so. A child should not be punished for not understanding a concept which is beyond that child's developmental capabilities.

Note: **Remember in previous example, toddler said "dolly mine." In this example the child was exhibiting her possessiveness.**

**Handout/ Overhead 7-2-2 or 7-2-3**

Instructor leads discussion on what crawlers and walkers do and don't do, see **Handout/Overhead 7-2-2 or 7-2-3**.

### Toddlers (18 Months to 36 Months)

*Say:* Toddlers thrive on exploration and creativity. Their imagination and curiosity give them great energy and creative potential. They need opportunities to develop and express these skills. Unstructured materials for art, music, dance, and dramatic play allow children to enjoy the process of creating their own ideas and solving their own

- Recognize the problem behind the anger (i.e., insecurity, toy could remind child of one at home).
- Teach appropriate ways to deal with anger (i.e., seek teacher and express feelings of upset to teacher).

**Problem 3 - Not Sharing**

Cindy, age 14 months, will not share any toys with the other children during free play. (1) What might have caused this problem? (2) What would you do to help Cindy and resolve this problem?

Possible causes:

- age-appropriate behavior.

Possible solutions:

- Remember that toddlers developmentally are still in the "me" stage. Plan activities which minimize sharing.
- Provide enough toys for each child to have a choice.
- Provide an alternative toy.
- Direct her attention elsewhere.
- Be patient. Reinforce that in "school" we share.

Infants eight months old or older do not share with other infants. In order to avoid problems it is wise to set up an environment which fosters parallel play. For example, have two sets of similar toys in a small, somewhat confined area. Introduce two infants to the activity.

**Problem 4 - Shy (fear, insecurity)**

Jonathan, age 20 months, is very shy and quiet. He does not participate or play with other children. He avoids eye contact. (1) What might have caused this problem? (2) How would you handle this situation?

Possible causes:

- insecurity
- cultural or familial norms
- at risk for appropriate social/emotional growth
- little prior opportunity to socialize.

Possible solutions:

- Praise him in front of other children for an activity he has done.
- Encourage him to observe or participate in group activities, but do not force him.
- Ask him about favorite activities. Encourage play in these areas.
- Realize that there may be a fear which causes him to withdraw, making him shy.
- Stay close to him as he enters into group or pair-playing.
- Help him make a single "buddy" as a first step.
- Encourage him first to play with one other child and slowly have him increase the number of children with whom he will play.
- Encourage him to play games/activities in which he is successful to build confidence.

### Problem 5 - Feeding

Sandy, age 18 months, does not want to eat lunch at the caregiving setting, but wants milk. (1) What might have caused Sandy's behavior? (2) What would you do to encourage Sandy to eat?

Possible causes:

- big breakfast
- does not like center food
- poor at self-feeding
- sick.

Possible solutions:

- Try to eat some food yourself to model for her.
- Introduce and encourage her to taste one food a time.
- Plan activities centering around food to stimulate interest in eating.
- Determine if Sandy has adequate feeding skills.
- Talk with parents and form a plan.

Remember, never make food a punishment. Do not force a child to eat.

15 Minutes

## LECTURE/DISCUSSION: Structuring the Program

*Say:* During the next part of this session we will discuss structuring the program for the infant and toddler. Activities should be designed to stress developing skills through creative activity and involvement. Learning activities and materials should be concrete and relevant to the lives of young children. They must have meaning for the children.

We know that learning takes place as young children touch, manipulate, and experiment with things and interact with people. We also know a variety of good, basic materials and activities are necessary. Let's quickly list as many as we can think of.

Instructor may write list on chalkboard or flipchart as participants call items out.

Include the following:

- materials: sand, water, clay and tools or toys to use with them
- puzzles with varying numbers of pieces
- many types of games
- a variety of small manipulative toys and blocks
- dramatic play props such as those for housekeeping and transportation
- a variety of science investigation equipment and items to explore
- a changing selection of appropriate and aesthetically pleasing books and recordings
- supplies of paper, water-based paint, markers, and other materials for creative expression
- large muscle equipment
- fieldtrips
- classroom responsibilities, such as helping with routines
- positive interactions and problem solving opportunities with other children and adults.

*Say:* Within each individual childcare setting, activities and equipment should be provided for a chronological age range of at least 12 months.

Toddlers learn by active involvement with people and by manipulating objects. Inappropriate activities or materials can lead to behavior problems. Remember, children learn by imitating others. Toddlers don't yet realize that others have feelings. They are egocentric. This means they can only think about themselves and what they are doing.

You may wish to take some notes on the outline sheet that is provided with your handouts.

**Handout/ Overhead 7-2-5**

Instructor refers to **Handout/Overhead 7-2-5**.

Note: This section should be a very active discussion session with group members sharing experiences and methods. Remind participants to listen for ways to handle behaviors that are new to them.

### Cause and Effect

*Say:* Toddlers typically display some behaviors that may require adult attention. First, let's talk about cause and effect behavior in a child. Does anyone know what I mean by that?

Instructor accepts responses and then continues. Follow this same format for the rest of this lecture/discussion session.

*Say:* Toddlers like to see a cause and effect. They are just learning that by doing one thing something else happens.

For example: A toddler may accidentally hit a truck against a wall. The child enjoys the loud bang it makes, so the child does it again and again to see the many effects it has. As the caregiver, we redirect this desire more appropriately. For example, at the sandbox, the child can fill and unfill a pail with sand. Pounding on different size drums, filling boxes, or playing with clay and making different imprints is another way of redirecting this desire.

*Ask:* Can you give me any other examples of cause and effect behavior?

Possible responses:

- When a toddler cleans up, the child will pick up toys and place them in the container and just as quickly empty them back out again.
- Toddlers like to turn water on and off and to feel the water passing through their hands.

### Boundaries and Limit Setting

*Say:* Another aspect we must keep in mind is the toddler's need to feel boundaries or to have limits set by adults. It is important that adults do this in a consistent, non-chaotic manner.

*Ask:* Why do you think toddlers need this?

Possible responses:

- for security
- to learn limits (what to do and not to do).

*Say:* For example: How would you feel if you were allowed to drink coffee in the classroom one day and the next day you were not allowed to do so. Would you feel secure and comfortable in bringing coffee into the classroom? Do you clearly understand the rules of drinking or not drinking coffee? This is similar to what a child feels when you are not being consistent and not setting boundaries.

### Choice

*Say:* Children need to feel they have made a choice. The adult provides the guidance, understanding, and planning for choices to be made in a nonstressful and conflict-free environment. By making significant choices the toddler is striving for independence and self-reliance.

For example: When a toddler doesn't want to participate in an activity, we can provide the child with a choice of sitting in one place or another. If the toddler still refuses, we make the choice for the toddler and tell the child we are doing so.

*Ask:* Can anyone suggest other ways to give toddlers choices?

Possible responses:

- It's time to begin our activity. Let's all stand up and find a partner or walk by yourself.
- You can either tiptoe to the group activity or fly like a bird.

### Temper Tantrums

*Say:* Another way a toddler shows power is by having a temper tantrum. Children who have temper tantrums are showing the world that they are in control. As adults we must provide rules but still enable toddlers to have a choice appropriate to the situation. By doing this we enable children to feel that they have an effect on the environment. For children, this is equal to control.

For example: A toddler does not want to stop an activity. When told to do so the child starts kicking, shouting, and throwing things.

*Ask:* Can anyone suggest a way of handling this situation?

Possible solutions:

- Tell the child it is now clean-up time. Ask whether the child would like to pick up the blocks or the cars first.
- Tell child it is clean-up time. If the child continues with tantrumming behavior explain that a one minute time-out will result. If time-out is used set timer. After the minute is over direct child to clean-up area.

- Hold the child until the child is calm. Ask which toy the child would like to put away first.

### Mastery Motivation

*Say:* Behind much of what toddlers do is the motivation for mastery. As they learn a new task, they want to become better at it. They do this through practice. They want to do the same thing over and over again. For that reason, mastery behavior is closely connected to cause and effect behavior. We all are familiar with the baby who drops a rattle and has it picked up and returned by an adult. What does the baby do next? Yes, drops the rattle again!

*Ask:* Who has a toddler that has just learned something new and is doing it again and again until it is about to drive you crazy? What is it that the toddler is doing?

Possible answers:

- asking "why" questions
- playing with the same toy
- building block towers higher and higher.

Instructor leads discussion regarding any problems these behaviors may cause. Ask participants to suggest methods of handling them.

### Single Focus

*Say:* There are also situations that are caused by the toddler's single or limited focus. For example, at snack time the caregiver may give a variety of cookies to the children. One child may get angry. The child wants a particular cookie. How could the caregiver handle this situation?

Possible answers:

- serve cookies that are all the same

- explain that there is no more of a particular type of cookie but the child can choose between two others

- pass a tray with a variety of cookies around having each child make a choice

- ask if child with desired cookie wants to trade.

*Say:* Behavior problems can also be reduced by remembering that toddlers focus on one part of an activity. This focus is usually on the toy involved. When conflict occurs due to the focus, the adult must redirect without conflict. This can be done by giving a choice to .

For example: A child may want a truck that another child has. We can redirect this child's attention by giving a choice of playing with a block, ball, or another truck.

**Limited Means of Expression**

*Say:* If the child is aggressive, there is the possibility that this is due to a lack of language sufficient to communicate needs.

A child who bites may be showing a lack of ability to communicate feelings. The child enacts this frustration by biting.

If we provide language to the child, we are giving the child the ability to express feelings. This helps to limit the child's frustration. As caregivers, we must provide a variety of opportunities for children to experience and hear language.

Children acquire language through hearing and using it. Therefore, we must provide a rich language environment. The caregiver must continuously talk with the child and encourage verbal interaction.

When the child loses control, don't try to teach or lecture immediately. At such a time, the child is upset and unable to understand or listen.

Respond by gently holding, rocking, or soothing. Wait until the child has calmed down and regained composure. Then, discuss the problem behavior.

**Summary**

*Say:* It is important to remember, when children begin to do something that they shouldn't do, they are generally doing it because:

- They don't know a better way to respond.
- They are frustrated and lack a better means of communicating.
- They don't know the rules.
- They are tired, hungry, or under stress.
- They are limited in their ability to see the entire situation.

There may also be other reasons. However, the important thing to remember is that they usually don't know that they are in error, or if they do, they usually don't know how to get out of trouble. Remember that toddlers want to please adults and do the right thing. They are not trying to do anything wrong. Even when they are testing adult power, or rules, they want and expect the adult to stop them and point them in the right direction.

As we all know, it sometimes becomes difficult to remember this. Sometimes we adults get tired of managing children's behavior. Sometimes we get angry. During the first hour of this module, we talked about some things that we could do if a child persists in crying and the crying becomes abrasive or difficult for the caretaker. It is important for us to remember those same kinds of things when a child we are working with begins to irritate us to the point that we become angry with . We cannot help a child to learn if the child's behavior makes us angry. When we become angry, we misdirect our own behavior. We adopt the child's poor behavior or anger as our own and respond in an equally poor manner.

For example, how many times have we raised our voice to stop children from shouting, or pulled back a child who has pushed another? I know that I have done this. When we do this, we are giving a mixed message. We are telling the child to do as I say, but not as I do. We are, in fact, telling child that it is okay for an adult to shout or to push or pull, but it is not okay for a child to do that. The message that we want to get across is that these behaviors are not okay for anyone of any age.

One of the ways a child learns best, is by watching and modeling adult behavior. If we hit, they will hit. If we shout, they will shout. If we don't share, they won't share.

It is difficult to remember all of this when we need to quickly move in to manage a child's behavior. However, if we adopt these principles in our every day interaction with children, and with adults, they will come easier when we are in the heat of a crisis with a child. Children can develop serious problems if not handled well.

All children need good management, especially those who might be experiencing emotional or behavior problems.

We have covered some basic points about typical behaviors of infants and toddlers. Are there any questions or comments?

If time permits, instructor may ask participants to volunteer to state one thing they learned during the past hour, or one thing they might do differently.

5 minutes **END OF HOUR 2: Closing**

# Module 7
# BEHAVIOR MANAGEMENT:
## Preventing and Dealing with Problem Behavior

## Hour 3

**Goal:** **PARTICIPANTS WILL GAIN KNOWLEDGE OF TECHNIQUES FOR MANAGING BEHAVIOR OF TODDLERS.**

**Objectives** - ***Participants will gain an understanding of:***

- structuring the environment
- behavior management techniques.

5 Minutes
(omit if 3-hour presentation)

## GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

## SESSION BEGINS

*Say:* During this final hour, we will discuss:

- structuring the environment
- behavior management techniques.

Remember that there is no one correct way to handle every child. Neither is there one correct way to handle every incident that happens. It is important for each of us to have a variety of techniques that we can use. We need different ways to handle the same situation. It is also important for us to remember that we all get stumped sometimes. I mean that sometimes we just run out of ideas. That's one reason that we go to training sessions like this one.

We are probably going to talk about things here today that most of you have already experienced, either in your childcare situation, or with your own children at home. What we hope to do is to share these ideas with each other so that each one of us comes away with more ideas for ways to handle the behavior of young children.

10 minutes

## ACTIVITY: Music to Set a Tone

*Say:* Let's begin this hour by listening to three types of music. Each will be played for a few minutes. Please write down how each type of music makes you feel and what it makes you think of.

After playing all three types of music, instructor leads discussion about how participants felt with each type of music:

- Music I is quiet, relaxing.
- Music II is lively, happy, bubbly.
- Music III is loud, hard rock.

*Say:* It is important to be aware of our environment. Music affects us emotionally and physically. By playing happy, bubbly music, most children will react by being actively involved in an activity. It is helpful to play relaxing music prior to naptime as this will help children to be quiet and restful. I recommend loud music to be played when you want children to be very active and move around, like in outdoor activities.

Remember this activity as you go back to your center and think about how you can bettr structure your program to promote positive behaviors. Remember how important structuring the environment can be.

10 minutes **LECTURE/DISCUSSION: Structuring the Environment**

*Say:* Let's try to think of ways we can structure the environment to prevent behavior problems from arising.

Instructor leads brainstorming session. Encourage participants to tell how they deal with structuring the environment in their caregiving setting. Expected responses include:

- Use physical barriers, such as bookcases, as boundaries for different play areas.
- Separate active/noisy play areas from quiet ones.
- Group children according to same relative age/skill level.
- Keep adequate numbers of toys/materials available.
- Have enough space to avoid overcrowding.
- Keep materials that are not being used put away.
- Keep noise down; maintain calm atmosphere.
- Have an area that can be used for time-out.
- Provide adequate seating/table space for all children.
- Keep light, temperature, and ventilation at comfortable levels.

*Say:* Thank you for sharing your thoughts and ideas about how we can structure the caregiving environment to promote good behavior management.

20 minutes

**LECTURE/DISCUSSION: Behavior Management Techniques**

Instructor may choose a question and answer format for this section to encourage sharing of ideas.

*Say:* Now, let's talk about some principles to keep in mind that are important for managing behavior. You may wish to take notes on your handout.

**Handout/ Overhead 7-3-1**

Instructor refers to **Handout/Overhead 7-3-1.**

*Say:* First, we must keep in mind having tasks at the correct developmental level. We must always consider the importance of developmentally appropriate activities and the child's temperament when planning the daily activities.

For example: Having a table art activity where the children are expected to follow many specific directions and are required to sit for fifteen minutes is very inappropriate for a toddler. Instead have an easle or finger painting activity, where the child can stand and is not confined. In the latter situation, the child is using gross motor movement which is easier for a toddler to control and manage than is fine motor movement.

A second principle to remember is that toddlers need to know an adult is present to provide support by being consistent and firm.

For example: We already mentioned how important it is to avoid screaming and being inconsistent in behavior expectations. Allow children to trust you by not changing your mind about what is, and what is not, allowed.

Also, an important point to remember is, children don't hear the don't in commands. When children hear, "Don't Run," it means "Run." When they hear, "Don't Jump," it means "Jump."

**Handout/ Overhead 7-3-2**

*Say:* Time-out is a technique that belongs under the principle of safe and secure. Let's look at the handout we have on time-out.

Instructor reviews **Handout/Overhead 7-3-2.**

Instructor may want to bring along a timer, or use a watch with a second hand, to measure the length of one minute. This is the recommended length of a time-out. During the minute, ask the participants to remain perfectly quiet and concentrate on just how long a minute of total inactivity seems to be. Emphasize that this is also a long time for a toddler. Time-outs do not need to be long. If the child has totally lost control and is very upset, help the child gain composure and begin the time-out after the child is calm.

*Ask:* Sometimes, children will not go to the time-out chair or area. What can the caregiver do then?

Instructor listens to responses and leads discussion to include:

- accompany child to chair
- carry child to chair
- have another adult sit next to child to keep child in chair
- try to determine why child will not go to chair (lack of understanding, fear) and address that issue.

*Say:* If time-out is used as a management technique consistently, fairly, and in a non-threatening manner, children will soon understand that the time-out chair is a place where they can regain their own control and composure. It can become a place a child can handle with dignity. The caregiver should help the child to understand that it is the behavior, not the child, that is unacceptable.

*Say:* Another way to manage behavior is by helping children build problem solving skills. Suggest different alternatives they can use. Give lots of opportunities to talk about feelings. Adults need to be active listeners in order to help children understand their own feelings. Adults also need to be good role models. Adults can talk through problem-solving situations as they occur in order to provide examples.

Use of positive reinforcement is another very important principle. You can use tangible or token type of rewards where you actually supply something like a raisin to the child who quickly responds as you ask. Remember to:

- specify the behavior you want
- decide on appropriate reinforcement or reward for the individual child
- know that different children will need different kinds of rewards or reinforcers
- observe the child and reinforce the desired behavior or attempts to perform it.

**Instructor may want to expand on the concept of tangible rewards including reinforcing attempts, especially as the attempts get closer and closer to the goal. Instructor may also wish to have group brainstorm as to types of reinforcers. Possible responses include:**

- **raisins**
- **grapes**
- **stars**
- **stickers**
- **hand stamps**
- **candy**
- **cereal.**

Actually, one of the easiest, least expensive, and most effective ways to manage behavior involves the use of verbal praise. The steps for delivering verbal praise include:

- Telling a child when the child is doing something you want continued.
- Describing what you like (be specific).

attempts that the child makes in that direction even if the desired behavior is not achieved. For example, we don't want a child to hit another child. If Nick shouts and screams at Jody because she took his toy, we tolerate it because Nick is not hitting Jody as he did last week for the same offense.

Finally, we tolerate behavior that is symptomatic of a problem. Some children may exhibit self stimulatory behavior such as hand-flapping or light-gazing. We do not like to see this behavior and we do what we can to re-direct it. However, we do not punish the child for this behavior if the child is not capable of stopping it.

This brings us to the third way of managing behavior which is interfering with unacceptable behaviors. Ways to do this include:

- Ignoring - lots of disruptive behaviors, such as whining, may disappear if they are allowed to run their course.
- Signaling - sometimes just engaging in eye contact with a child who is beginning to be disruptive will stop the undesirable behavior.
- Coming close - walking to, standing, or sitting next to a child will often have a calming effect on the child's impulse to engage in undesirable behavior. The adult helps the child regain control just by being close.
- Engaging - stimulating or shifting the child's attention to another activity or material may boost the child's attention to the task or engage the child in another meaningful task.
- Changing the subject - redirecting the child's attention to another object or activity can often do away with an otherwise difficult tension-filled confrontation regarding a task or toy.

- Tutoring - observing whether a child might be in need of extra assistance with a task because the child is frustrated and as a result begins to act out. The adult provides the assistance and allows the child to get back on task.
- Restructuring the program - making sure that your program is developmentally appropriate and you are asking the child to do tasks that the child is capable of doing in an environment that is conducive to performing the task.
- Providing structure - providing a feeling of security which all children require.
- Organizing - removing all materials, toys, and other objects that can be distracting.
- Removing - asking a child to get a pencil for you or to otherwise run an errand when the child seems to be losing control of a situation. This will provide a legitimate reason for the child to temporarily be removed from a potentially disruptive situation.
- Calling time-out - using time-out when the child needs to regain control and must be made aware that the behavior the child was exhibiting was unacceptable.
- Comforting/Restraining - holding a child. Once in a while a child may loose control to such an extent that the child must be held in order to be comforted, or in order to prevent hurting self or others. Losing control over impulses can be very scary for children and such instances must be handled with empathy and concern on the part of the caregiver. In cases where a child has lost control, "the preferred physical hold is for the adult to cross the child's arms around his side while

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> the adult stands behind him holding on to the child's wrists." (Long & Newman. 1976. p. 315).

If holding a child is necessary the caregiver should talk softly with the child and reassure the child that everything will be alright and that the caregiver will not allow the child to be hurt or to hurt. The child will usually soon turn from rage to tears and the hold may then become one that is more comforting and cuddling. The caregiver may release the child if the child appears to have regained self control. The child may then "save face" by pulling away from the caregiver. This is usually a good sign that the child has regained self-confidence. It will be important to clarify the issues of the original conflict so that the child benefits from the experience.

Preventative planning is a topic that we have spent a good deal of time on. Please remember how important it is to plan your program according to developmentally appropriate criteria and to structure the environment.

One other concept to remember is that a crisis should not be thought of as something to be avoided or to be afraid of. A crisis is a time to move in on behavior. It provides a perfect time for the child to learn. That is why it is especially important to be able to remain cool and unemotional. It is important to move in to manage children's behavior in a calm and confident manner. Your own manner will determine how much children are able to learn from you. If you are excited, they will be excited. But, if you are calm and secure, they will become calm and secure. Only when they are quieted and attentive, will they learn why you are moving in to stop their behavior. Only when they are calm, will they come to learn what you are trying to teach. When you move in to stop a child's behavior, there are probably two main goals you have.

One is to use the opportunity to teach correct behavior or to stress the importance of a social rule.

A second is to provide emotional first aid, or to comfort a child who is in distress.

The way you move in on a situation will be influenced by which of these goals you feel is most important. Again, the goals are: using the opportunity to teach proper behavior, and using the opportunity to comfort a child who may be frightened, hurt, or startled.

*Ask:* Often, you will want to do both. Which should you do first?

Instructor waits for response.

*Say:* Yes, you will, of course, need to comfort the child first if the child is upset. As we mentioned before, a child must be calm before the child is ready to accept instruction.

Instructor may use remaining time to ask participant to ask questions about specific behaviors that they may be seeing from children in their setting that have been difficult to manage. Have other participants offer solutions to help children manage these problem behaviors by using the principles that have been discussed in the module. Stress that it is the caregiver's role to assist the children in learning to manage their own behaviors. Emphasize that the adult is the helper and that the children must be the learners. Use the following example to begin the discussion if participants do not offer situations to discuss.

*Ask:* What can be done to stop a child from biting?

Possible solutions:

- talk with the biter and try to determine why the child in biting
- consider restructuring program/materials to reduce frustration of biter
- use time-out
- have the biter help comfort the child who was bitten

- keep an adult close to the biter to stop any further attempts at biting.

5 minutes **Explanation of Six-Week Follow-Up Activity**

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

**END OF HOUR 3: Closing**

# Resource List

*Barnard, K., & Brazelton, T. B. (1985). Touch the language of love. Skillman, NJ: Johnson & Johnson.

*Brazelton, T. B. (1987). Getting to know your newborn. Skillman, NJ: Johnson & Johnson.

**Hussey-Gardner, B. (1988). Understanding my signals. Palo Alto, CA: VORT Corporation.

**Hussey-Gardner, B. (1988). Taking care of me. Palo Alto, CA: VORT Corporation.

McNellis, K. (1989). Special training for special trainers: Exceptional training for caregivers (ETC). Portage, WI: Portage Project.

Segal, M. (1985). Your child at play: Birth to one year. New York: Newmarket Press.

Segal, M. (1988). In time and with love - Caring for the special needs baby. New York: Newmarket Press.

*Can be ordered from Johnson & Johnson Information Center, Skillman, NJ 08558; phone (800) 526-3967 for further information.

**Can be ordered from VORT Corporation, P.O. Box 60880, Palo Alto, CA 94306; phone (415) 322-8282 for further information.

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Bromwich, R. (1981). Working with parents and infants: An interactional approach. Baltimore, MD: University Park, Baltimore Press.

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Crary, E. (1979). Without spanking and spoiling: A practical approach to toddler and preschool guidance. Seattle, WA: Parenting Press.

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Rogers, L. B. (1988). Transitions and preschoolers. Dimensions, 7-8.

Segal, M. (1988). In time and with love - Caring for the special needs baby. New York: Newmarket Press.

Segal, M. (1985). Your child at play: Brith to one year, Your child at play: One to two years, Your child at play: Two to three years. New York: Newmarket Press.

Training manual for local Head Start staff Part I and IV. Baltimore, MD: Head Start Resource and Training Center.

Tronick, E. Z. (1989). Emotions and emotional communication in infants. American Psychologist, 44(2), 112-119.

# Appendix A

## Reproducible Forms for Three-Hour Module

| Form | Copies to make |
|---|---|
| Instructor's Time Table and Notes (2 pages) | 1 per instructor |
| Advertising Flier | As needed |
| List of Participants | Varies - usually 6 to 8 |
| Follow-Up Mailer (2 pages) | One per participant |
| Note: Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead. | |
| Certificate of Completion (1 page) | 1 per participant |

# Instructor's Time Table and Notes

**MITCH Module Title:** ______________________________

**Training Location** ______________________________

**Date** ____________________

**Instructor** ____________________

## Preparation

| **Date** | **Task** | **Completed** |
|---|---|---|
| ____________ | Review module | ____________ |
| ____________ | Preview videotape*<br>and audiotape | ____________ |
| ____________ | Arrange for guest speaker* | ____________ |
| ____________ | Set date | ____________ |
| ____________ | Arrange for room | ____________ |
| ____________ | Arrange for A-V equipment* | ____________ |
| ____________ | Advertise | ____________ |
| ____________ | Photocopy all handouts | ____________ |
| ____________ | Prepare any overheads | ____________ |
| ____________ | Collect additional materials | ____________ |

**Notes for Training**

**Hour 1:**

**Hour 2:**

*** if applicable**

**Trainer's Time Table and Notes, continued**
**Hour 3:**

## Six-Week Follow-Up Activity

| Date | Task | Completed |
|---|---|---|
|  | Copy letters |  |
|  | Send letters |  |
|  | Collect activity |  |
|  | Review activity |  |
|  | Copy certificate |  |
|  | Prepare certificate |  |
|  | Deliver certificate |  |
|  | Record trainees who have completed module |  |
|  | Maintain List of Participants on file |  |

**Notes:**

# Coming . . . MITCH Module 7

## BEHAVIOR MANAGEMENT:

## Preventing and Dealing with Problem Behavior

TRAINING
FOR
CAREGIVERS
OF
INFANTS
AND
TODDLERS

Date .............................................................. Time .......................................... ...

Location ..........................................................................................................

Training Agency ..........................................................................................

For information and/or registration, call .........................................

.....................................................................................................................................

.....................................................................................................................................

# LIST OF PARTICIPANTS

## SIGN IN SHEET
## MITCH Module # ______

MITCH module title ______

Training date ______

Training location ______

Instructor ______

| Hours Attended | | | |
|---|---|---|---|
| 1st | 2nd | 3rd | *FA |
| | | | |
| | | | |
| | | | |
| | | | |

**Please PRINT your name, social security number, home mailing address, phone and place of work.**

Full Name ______ Social Security ______
Home Address ______
City ______ State ______ Zip ______
Phone ______ Place of Work ______
Work Address ______ Zip ______

Full Name ______ Social Security ______
Home Address ______
City ______ State ______ Zip ______
Phone ______ Place of Work ______
Work Address ______ Zip ______

Full Name ______ Social Security ______
Home Address ______
City ______ State ______ Zip ______
Phone ______ Place of Work ______
Work Address ______ Zip ______

Full Name ______ Social Security ______
Home Address ______
City ______ State ______ Zip ______
Phone ______ Place of Work ______
Work Address ______ Zip ______

*** Follow-Up Activity completed**

*Dear*

*This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module #* _____

*Title:* ____________________________________________________________

*is due* _____/_____/_____.

*Please submit your Follow-Up Activity to:*

________________________________________

________________________________________

________________________________________

________________________________________

*If you have any questions, please call:*

____________________________ *telephone* ______________________.

*Sincerely,*

*Staple*

Fold #2

From: MITCH Module Training

To:

Fold #1

# Certificate of Completion

## MITCH

**Model of Interdisciplinary Training for Children with Handicaps**

______________________________

**has completed all requirements for MITCH Module 7, entitled:**

***BEHAVIOR MANAGEMENT:***
***PREVENTING AND DEALING WITH PROBLEM BEHAVIOR***

______________________________
**Instructor**

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**Training Agency**

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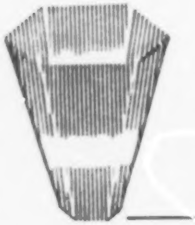
**Date**



This training module was developed by the MITCH Project, the Florida Diagnostic and Learning Resources System/South Associate Center, and the Bureau of Education for Exceptional Students, Florida Department of Education

# Appendix B

## Reproducible Copies of Handouts/Overheads/Booklets

Note:

**Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.**

# Developmental Stages of Attachment During Infancy

## Pre-attachment (birth to 2-3 months)

- **Infants do:** increase contact by crying, babbling, smiling, reaching, grasping, directing vision.
- **Infants don't:** discriminate between people.

## Attachment in the Making (3 months to 7-12 months)

- **Infants do:** tell mom apart from all others
  increase social responses towards others.
- **Infants don't:** know things still exist when they are out of sight (including mom)

## Necessary Components for Early Attachments:

- social interaction and communication between caregiver and infant -- infant is active and involved
- recognition of child's need to feel secure
- attention to biological needs of food, shelter, and protection
- attention to intellectual needs of stimulation and interesting environment.

**CRYING COMMUNICATES SOMETHING IMPORTANT FROM THE CHILD**

| Module | Hour | Handout |
|---|---|---|
| 7 | 1 | 1 |

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# Different Ways of Comforting Crying Babies

**Attend to basic needs**: Child may need to be fed, changed, burped, or comforted.

**Offer an exciting activity**: Child may want attention or be bored.

**Carry, rock, swing, bounce:** Rhythmic movements help sooth irritable babies.

**Vertical bouncing** promotes "bright-alert" state.

**Horizontal rocking** quiets child and makes child sleepy. The ideal rocking rate is between 60-90 rocks per minute.

**Use sounds**: Lullabies or rhythmic choruses are excellent while walking or rocking infant.

**Touch**: Long-stroking massages and swaddling help sooth baby.

When massaging, apply firm pressure on the spine. Always use a deep rather than a light touch. Always move from top to bottom.

When swaddling, wrap baby securely in a light blanket to give the feeling of security that was felt in the womb.

**Use transitional objects**: A comforting blanket or favorite toy from home offers familiarity when baby is in a strange or new place.

**Be accepting**: The "newness" of a setting may cause distress for some children. Give positive feedback.

**Reinforce non-crying behavior**: Teach that noncrying behaviors promote attention.

| Module | Hour | Handout |
|---|---|---|
| 7 | 1 | 2 |

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# Developmental Quiz*

Directions: Under the heading for each age range, there is a short list of skills. Circle the skill in each list which first emerges, or appears, in the indicated age range.

**0-3 Months**
- looks at face when spoken to
- cries at the word "no"
- smiles at self in mirror

**3-6 Months**
- starts imitating sounds
- reaches for familiar people
- knows own name

**6-9 Months**
- waves bye-bye
- demonstrates affection
- enjoys hide-'n-seek, peek-a-boo, patty cake

**9-12 Months**
- tugs at adults to get attention
- plays ball with an adult
- feeds self with spoon

**12-18 Months**
- knows parents from strangers
- imitates sounds
- plays chasing and hiding games

**18-24 Months**
- dislikes or likes certain food
- "gets into everything"
- verbalizes toilet needs

**24-36 Months**
- takes off socks and shoes
- interacts with other children in simple games
- enjoys touching and hugging

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*Information from: Welcome to the World, An Overview of Your Growing Child; a MITCH product by Dora Kobasky and Violet McNamara.

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 1 |

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# What Infants and Toddlers Do and Don't Do

## The Early Months

**They do:**

**They don't:**

## Crawlers and Walkers

**They do:**

**They don't:**

## Toddlers

**They do:**

**They don't:**

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 2 |

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# What Infants and Toddlers Do and Don't Do

## The Early Months

**They do:**
- make sounds and movements that communicate
- thrive on lots of attention

**They don't:**
- respond to no-no
- pick up small objects
- follow simple commands

## Crawlers and Walkers

**They do:**
- seek individual, not group, attention
- explore and learn from a variety of experiences

**They don't:**
- share
- like strangers

## Toddlers

**They do:**
- stack blocks; line them up, knock them down
- sit in a chair
- interact with other children in simple games
- enjoy exploration and creativity

**They don't:**
- understand limits or rules placed upon them by adults

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 3 |

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# Welcome to the World

## Booklet on Normal Developmental Milestones

(A reproducible copy of this booklet follows.)

This handout is recommended for use with MITCH Modules 1, 2, 3, 6, 7 and 9.

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 4 |

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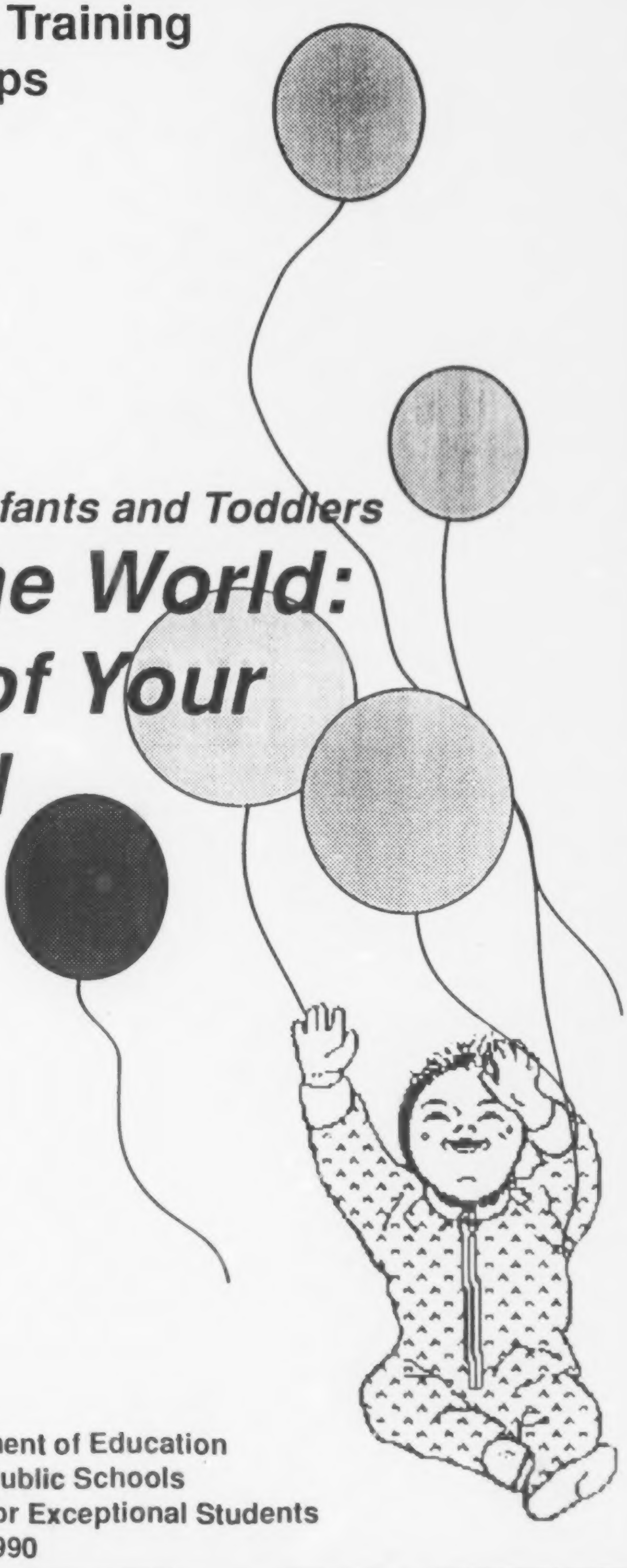
## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Welcome to the World: An Overview of Your Growing Child*



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This training series is one of many publications available through the Bureau of Education for Exceptional Students, Florida Department of Education, designed to assist school districts, state agencies which operate or support educational programs, and parents in the provision of special programs for exceptional students. For additional information on this training series, or for a list of available publications, contact the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, Florida 32399-0400 (telephone: 904/488-1879; Suncom: 278-1879; SpecialNet: BEESPS).

Model of Interdisciplinary Training
for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

# Welcome to the World: An Overview of Your Growing Child

Florida Department of Education
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1990

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## Model of Interdisciplinary Training for Children with Handicaps

*A Series for Caregivers of Infants and Toddlers*

# *Welcome to the World: An Overview of Your Growing Child*

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# Introduction

This booklet is designed to provide a brief summary of normal development from birth to 36 months of age. It describes behaviors typically seen in children at various developmental levels. It gives examples of these behaviors in each of four categories: personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. The booklet also suggests activities that adults can do with infants and toddlers.

It is important to remember that although all babies follow the same general pattern of growth, all children do not develop at the same rate. Children differ in appearance, in the way they feel about things, and in the way they learn. Also, a baby's development may not be steady. The baby may develop new large muscle skills, such as standing and walking, but not seem to develop new fine motor skills for a few months. Then, the child's large motor skill development may slow down while the child's language skills appear to develop very quickly. Because babies are unique and develop and grow at different rates, this booklet should be used only as a general guideline. The sequence of learning is what is important.

When a caregiver knows what a baby might be interested in and able to do next, the caregiver can better interact and play with the baby. Knowing what things a baby is not yet ready to do will keep the caregiver from expecting the child to play and respond in ways that are not yet possible for the child.

If a parent or caregiver has questions about a child's development, it is best to consult the child's doctor, nurse, or other qualified professional. The local Child Find specialist can also be called. Child Find is associated with the exceptional student education department of Florida's public schools and 18 support centers called the Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers. The Child Find specialist at any FDLRS center can arrange to see a child who lives within that FDLRS region and who may not be developing normally. Call the local public school, FDLRS office, or Florida Department of Education, Bureau of Education for Exceptional Students (904/488-2077) for the number of the nearest Child Find specialist.

# Birth to Three Months

## PERSONAL AND SOCIAL SKILLS

- Smiles in response to adult's smile
- Looks at face when spoken to
- Tells primary caregiver from other adults
- Startles or cries at sudden loud noises
- Comforts to soothing gentle sounds

### *Suggested Activities*

- Smile at baby
- Hang a crib mobile
- Sing lullabies to baby

## LANGUAGE AND UNDERSTANDING SKILLS

- Expresses demands with cries and/or other sounds
- Gurgles and coos
- Responds to sound of rattle
- Shows excitement before feeding and anticipates other familiar events

### *Suggested Activities*

- Talk to baby during feeding, changing, and bathing
- Provide many different sounds for baby (music, rattles, radio, bell, TV, etc.)
- Imitate sounds baby makes
- Listen to, watch, and allow time for baby to respond

## SMALL MUSCLE SKILLS

- Follows bright objects with eyes
- Looks at object held in hand
- Attempts to grasp adult's finger
- Holds objects for a few seconds
- Sucks well

**Note: Many movements are still controlled by reflexes**

### *Suggested Activities*

- Dangle objects in front of baby for baby to watch
- Provide different textures for baby to feel (terrycloth, stuffed animals, plastic toys) making sure objects are too big to swallow.
- Place objects (finger, rattle) in infant's hand to stimulate grasp

## LARGE MUSCLE SKILLS

- Lifts head while lying on stomach
- Begins to reach toward object
- Automatically turns head to one side while lying down
- Moves arms and legs

### *Suggested Activities*

- While baby is on stomach, dangle bright objects in front of baby to help baby lift head
- Hold baby in a sitting position so baby begins to hold head steady
- Provide baby with a favorite object to look at in order to help baby roll over
- To encourage sitting, place baby in corner of couch (supervised)

# Three to Six Months

## PERSONAL AND SOCIAL SKILLS

- Laughs
- Smiles on own
- Reaches for familiar people
- Begins choosing toys

### *Suggested Activities*

- Play peek-a-boo with baby
- Let baby look at self in mirror
- Sing simple songs with baby and help baby do motions with hands to the music
- Massage baby's arms, back, and legs from top to bottom

## LANGUAGE AND UNDERSTANDING SKILLS

- Squeals and laughs
- Babbles, combines vowel and consonant sounds (e.g., goo, ga)
- Explores objects by putting in mouth
- Chuckles
- Experiments by making sounds (e.g., goo ah)
- Begins to respond to own name
- Begins to show likes and dislikes

### *Suggested Activities*

- Shake rattle beside baby's head (ear) to encourage head turning toward sound
- Continue to talk to baby; name objects
- Listen for baby's sounds and imitate them; wait for baby to respond to your sounds

## SMALL MUSCLE SKILLS

- Picks up and holds rattle
- Chews
- Plays with hands at midline
- Starts to transfer objects from one hand to the other
- Holds objects with fingers against palm of hand (palmar grasp)

### *Suggested Activities*

- Put object (rattle) in baby's hand and gently pull it to encourage baby to hold on to object
- Put a toy in baby's hand and let baby hold toy with both hands to encourage baby to transfer or switch object to the other hand
- Help baby pick up small, safe objects (1" blocks, assorted shapes)

## LARGE MUSCLE SKILLS

- Brings objects to mouth
- Turns from back to side
- Rolls from stomach to back and then back to stomach
- Pushes up on arms when on tummy
- Holds head upright and steady without support
- Kicks at objects

### *Suggested Activities*

- Put baby on tummy on a safe surface (carpet, blanket, mattress) and dangle interesting toys at baby's head
- Fasten mobile on crib for baby to kick and move baby's legs to demonstrate

# Six to Nine Months

## PERSONAL AND SOCIAL SKILLS

- Smiles at self in mirror
- Enjoys hide-n-seek, peek-a-boo, pat-a-cake
- Becomes attached to a particular toy or object
- Begins to fear strangers

### *Suggested Activities*

- Hug and cuddle baby often
- Smile and talk to baby
- Play "How Big's the Baby," hide-n-seek, peek-a-book, pat-a-cake
- Let baby play in front of large mirror

## LANGUAGE AND UNDERSTANDING SKILLS

- Starts imitating sounds
- Makes eager sounds for bottle or breast
- Uncovers toy that is hidden by cloth
- Knows on name
- Vocalizes to self when alone

### *Suggested Activities*

- Look at picture books with baby
- Sing songs with baby
- Play hide-n-seek with toys under cloth

## SMALL MUSCLE SKILLS

- Starts feeding self
- Rakes or scoops small objects
- Grasps with three fingers (inferior pincer grasp)

### *Suggested Activities*

- Provide baby the opportunity to pick up safe foods (cereal, crackers) and feed self
- Let baby hold crayon in hand and scribble on big piece of paper
- Provide many small objects for baby to pick up making sure they are too big to swallow

## LARGE MUSCLE SKILLS

- Sits by self for a short time
- Creeps and crawls
- Pulls self to standing on furniture
- Rocks back and forth when on hands and knees
- Plays with feet when on back
- Stands by holding on to furniture, hands, etc.

### *Suggested Activities*

- Encourage baby to pull up to a standing position
- Place a toy out of reach and encourage baby to try to get the toy by crawling to it
- Allow baby to stand next to furniture
- Allow lots of room for baby to crawl and explore (supervise)

# Nine to Twelve Months

## PERSONAL AND SOCIAL SKILLS

- Aware of strangers
- Tugs at or reaches for adults to get attention
- Begins drinking from a cup
- Likes or dislikes certain foods
- Demonstrates affection

### *Suggested Activities*

- Have baby sit near the family during meals
- Play pat-a-cake
- Help baby learn to hold a cup containing a small amount of liquid
- Hug and kiss baby often
- Respond with a hug or by talking when baby reaches for you

## LANGUAGE AND UNDERSTANDING SKILLS

- Waves bye-bye
- Responds to "no-no"
- Starts understanding simple questions ("Want some more juice?")
- Shakes head "no-no"
- Understands familiar words (mommy, daddy, ball, cookie)
- Looks at pictures in book
- Begins enjoying nursery rhymes and songs

### *Suggested Activities*

- Make puppet from socks and pretend the puppet is "talking" to baby
- Read nursery rhymes and sing songs to baby
- Help baby look at scrap book
- Identify objects with names

- Listen and respond to communication from baby

## SMALL MUSCLE SKILLS

- Holds own bottle
- Picks up small objects using thumb and finger
- Uses two hands together with coordination (picks up cup)
- Claps hands
- Drops objects with voluntary release

### *Suggested Activities*

- Show baby how to stack small blocks
- Let baby play with the pots and pans in the kitchen
- Help baby put objects into a container
- Let baby play with empty boxes of all sizes
- Give baby cereal to feed self

## LARGE MUSCLE SKILLS

- Gets into sitting position from lying down position
- Sits down from standing position
- Walks with assistance
- Stands alone
- Bangs two toys together

### *Suggested Activities*

- Play stand up, sit down, lie down imitation game
- Help baby to walk with or without support
- Let baby "cruise" around by holding on to furniture and walking

# Twelve to Eighteen Months

## PERSONAL AND SOCIAL SKILLS

- Enjoys having people clap
- Starts feeling emotions of jealousy, affection, sympathy
- Plays chasing and hiding games
- Shows specific wants by gestures and vocalizations
- Plays ball with an adult
- Becomes attached to favorite possession (blanket, toy)

### *Suggested Activities*

- Provide washcloth for child and allow child to care for doll by washing, hugging, and kissing doll
- Let child help undress self
- Let child start feeding self with a spoon
- Ask child to show how big child is (help child raise hands high)
- Take child on outings (picnic, zoo, parks) and talk about the things you see and do with child
- Roll a large ball to the child and ask child to roll it back to you

## LANGUAGE AND UNDERSTANDING SKILLS

- Names body parts
- Points to several objects or pictures when named
- Follows simple commands

### *Suggested Activities*

- Encourage child to repeat familiar words
- While child is bathing or dressing, name body parts and let child repeat the names
- Look at a picture book with child and name objects in the pictures

## SMALL MUSCLE SKILLS

- Feeds self with spoon
- Attempts scribbling
- Stacks small objects
- Builds tower of two blocks

### *Suggested Activities*

- Play game with small blocks; stacking, lining up, knocking down
- Encourage child to draw or scribble with a crayon or water soluble marker
- Play with bean bags or soft sponge balls
- Encourage self feeding with spoon

## LARGE MUSCLE SKILLS

- Walks alone
- Throws a ball
- Sits in a chair
- Improves balance and coordination

### *Suggested Activities*

- Allow child to walk up stairs with assistance
- Allow child to walk as much as possible
- Give child a pull toy to play with
- Roll and throw ball or bean bag
- Encourage use of child size furniture (chair, table)

# Eighteen to Twenty-four Months

## PERSONAL AND SOCIAL SKILLS

- Likes being read to
- Partially feeds self
- Independence grows stronger
- Exhibits curiosity and is "into everything"
- Has special relationship with each parent
- Enjoys playing next to another child (little interaction)
- Enjoys touching and hugging

### *Suggested Activities*

- Encourage child to dress and undress self
- Encourage child to pick up and put away own toys
- Encourage child to help with simple household chores
- Encourage child to use both a spoon and a fork

## LANGUAGE AND UNDERSTANDING SKILLS

- Makes simple choices among toys
- Mimics another child's play
- Begins to ask questions
- Puts two words together
- Asks for items by name (e.g., "ball," "doll," "cookie")
- Can follow one or two step directions

### ***Suggested Activities***

- Begin to give simple directions for child to follow
- Play a simple game of "Simon Says"
- Read to child 5 to 10 minutes each day
- Watch quality TV programs with child and talk about what you see but limit the amount of time child spends in front of the TV
- Answer child's questions simply

## SMALL MUSCLE SKILLS

- Scribbles and imitates simple strokes such as vertical lines, horizontal lines, and circular strokes
- Takes off socks and shoes purposefully
- Takes things apart and puts them back together

### Suggested Activities

- Help child put objects through an opening in a container, and help child dump them out again
- Use simple nesting boxes or cans
- Give child simple insert puzzle to complete (2-3 pieces)
- Finger paint with pudding
- Provide chalk, markers, pencils, paint, and brushes for sidewalk, large paper, newspaper, etc.
- Let child handle clay, play dough (recipe follows), and shaving cream
  *1 cup flour* *2 Tblsp. cream of tartar* *1 Tblsp. oil*
  *1 cup water* *1/2 cup salt*
  *Mix all together. Color with food coloring if desired.*

## LARGE MUSCLE SKILLS

- Jumps with two feet
- Moves body in time to the music
- Walks up and down stairs with help
- Runs
- Attempts to kick a ball

## *Suggested Activities*

- Show child how to jump holding child's hand while jumping
- Let child listen to music and show child how to swing, clap, and dance to the music
- Have short running races on soft surfaces (grass, carpet)
- Play "Kick the ball"

# Twenty-four to Thirty-six Months

## PERSONAL AND SOCIAL SKILLS

- Interacts with other children in simple games
- Verbalizes toilet needs

**Suggested Activities**

- Praise child when toilet needs are indicated
- Play "Ring Around the Rosie," "Duck, Duck Goose"
- Play hide-n-seek
- Play dress up

## LANGUAGE AND UNDERSTANDING SKILLS

- Follows two-step directions
- Takes part in simple verbal conversation (e.g., "What's your name?")
- Answers simple "what" questions
- Uses two or three word sentences regularly (e.g., "Me want juice.")

***Suggested Activities***

- Allow child a choice of foods at mealtime
- Ask child to follow directions (e.g., "Pick up your doll and put it on the shelf, please.")
- Listen to and talk with child
- Read books for 10 minutes each day with child and talk about the pictures

## SMALL MUSCLE SKILLS

- Uses spoon and cup independently
- Helps pick up toys
- Turns handle to open door
- Completes simple insert puzzle (3-4 pieces)
- Unscrews lids

- Builds 6-8 cube tower
- Snips paper with scissors

### *Suggested Activities*

- Provide simple puzzle for child to complete
- Provide child with blunt scissors and paper to snip
- Provide sand, pudding, or finger paint for writing with finger
- Provide many containers with tops to open and close

## LARGE MUSCLE SKILLS

- Rides tricycle
- Pushes or pulls door open
- Walks up stairs holding rail

### *Suggested Activities*

- Arrange for child to play games with others such as "London Bridge is Falling Down," "Tag"
- Encourage practice in skipping and hopping
- Provide practice in riding a tricycle
- Show child how to jump over a chalk mark or hose

# Toddler Behaviors and Needs:

- cause and effect behavior
- boundaries and limit setting
- choice
- temper tantrums
- mastery
- single focus
- limited means of expression

| Module | Hour | Handout |
|---|---|---|
| 7 | 2 | 5 |

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# Key Principles for Behavior Management:

- Tasks must be at the correct developmental level.
- Toddlers need to feel safe and secure.
- Toddlers need help to build problem-solving skills.
- Positive reinforcement is essential.

| Module | Hour | Handout |
|---|---|---|
| 7 | 3 | 1 |

# TIME-OUT SUMMARY:

- Time-out is a technique that is used to stop unacceptable behavior, such as pushing, hitting, and biting, by removing the child from the "scene of the action."
- Time-out is a calming device, not a punishment.
- Use time-out for stopping inappropriate behavior, for serious violations of the rules and/or to prevent someone from getting hurt.
- Before using time-out, the child must understand the concepts of "wait" and "quiet". This usually occurs between 2-1/2 and 3-1/2 years of age.
- Before using time out, choose a location which is not scary, and which is in an adult's constant view.
- Time-out should not exceed one minute.

## TIME-OUT PROCEDURE:

- Explain time-out to the child the first few times.
- Tell the child what behavior must stop and why. For example, "No hitting Johnny. It hurts him when you hit."
- Tell the child the time-out is over when the time is up. An egg timer can be helpful to remind the child and the caregiver when the time is up.
- Have child sit down away from others, but within sight of caregiver. Place timer next to child.
- After timer goes off, return the child to the regular situation and reinforce appropriate behavior.

| Module | Hour | Handout |
|---|---|---|
| 7 | 3 | 2 |

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# Ways to say "Good for You!"

Everyone knows that a little praise goes a long way in the classroom. But "a little praise" really needs to be something more than the same few phrases repeated over and over ad nauseum. Your children need more than the traditional "Good," "Very good," and "Fine" if encouragement is what you are seeking. Here are some additional possibilities.

Thank you for (sitting down, being quiet).
I like the way you're playing.
Keep up the good work.
Keep it up.
Good job.
You really outdid yourself today.
Congratulations. You shared with a friend.
I'm very proud of the way you played (are playing) today.
Very nice. Why don't you show the others?
That looks like it's going to be a great painting.
My goodness, how impressive!
Mary is waiting quietly.
Ann is paying attention.
That's clever.
Very interesting.
That's an interesting way of looking at it.
Clifford has it.
Now you've got the hang of it.
Thank you for raising your hand, Charles. What is it?
You must be proud of yourself.
Wow!
I like the way José (the class) has settled down.
Everyone's so busy.
I like being with such a happy group.
That's right! Good for you.
I bet your mom and dad would be proud to see the job you did on this.
I appreciate your help.
You're on the right track now
John is sitting nicely.
It looks like you put a lot of effort into this.
Very creative.
Good thinking.
Now you've figured it out.
That's the right answer.
Exactly right.
That's a very good observation.
That's an interesting point of view.
Sherrie is really going to town.
You've got it now.
You make it look easy.
That's coming along nicely.
That's quite an improvement.
Nice going.
Much better.

Adapted from Kubany, E.S. (1972).

| Module | Hour | Handout |
|---|---|---|
| 7 | 3 | 3 |

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# Alternative Ways to Handle Behaviors:

- Permit
- Tolerate
- Interfere
  - ignoring
  - signaling
  - coming close
  - engaging
  - changing the subject
  - tutoring
  - restructuring the program
  - providing structure
  - removing
  - calling time-out
  - comforting/restraining
- Plan to prevent.

Adaped from Long & Newman (1976).

| Module | Hour | Handout |
|---|---|---|
| 7 | 3 | 4 |

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# Appendix C

## Reproducible Forms for the Six-Week Follow-Up Activity

# The Six-Week Follow-Up Activity

## MITCH Module 7
## BEHAVIOR MANAGEMENT:
## Preventing and Dealing with Problem Behavior

These completed forms should be sent to:

Name ________________________________

Address ________________________________

________________________________

________________________________

These forms are due at the above address by ________________
date

### *Directions*

*See next page.*

Name ______________________

Date ______________________

*The following statements are designed to help you evaluate your own childcare situation. Please answer each question thoughtfully by placing the letter which best describes your own actions beside each statement.*

A. *I do this regularly and satisfactorily.*

B. *I do this but need to improve.*

C. *I haven't done this yet but will begin this month.*

D. *I need more training or guidance before I begin.*

1. _______ Introduce self and all staff to new families.

Comments:

2. _______ Provide choices that encourage independence in children.

Give two or more examples:

3. _______ Arrange the materials and/or amount of guidance to reduce conflicts between children. Explain:

4. _______ Reinforce positive behavior.
Give five different examples:

5. _______ Set a one minute limit on time-out.
If not, why?

6. _______ Plan and use developmentally appropriate activities for the children.
Give two or more examples:

7. _______ In planning activites consider the individual child's temperament.
Give two or more examples:

8. _______ Deal consistently with children, rules, expectations, behaviors.
Explain:

9. _______ Listen to parents and obtain information about the child that is valuable for the staff in getting to know the child.
Describe a recent situation:

**For ease of use, instructor is encouraged to remove the staple on this booklet and place the module into a three-ring binder.**

**Trim the binder identifier to an appropriate size, and affix to the spine of the binder.**

**BINDER IDENTIFIER**

**Behavior Management:**
**Preventing and Dealing with Problem Behavior**

State of Florida
Department of Education
Tallahassee, Florida
Betty Castor, Commissioner
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